

## Records Request Form

| Name and Address of School:   |                |   |
|---|----------------|---|
|   |                |   |
|   |                |   |
|   |                |   |
| Please release all the information below for  |                | • |
|   | (student name) |   |
| * Transcript of grades  * Release of standardized testing  * Health records and immunization records  * Psychological examinations  * Educational evaluations  * All Category II Files  * Social History  * Medical evaluations  * Speech/hearing evaluations  * IEP or 504 Plan, eligibility meeting minutes, and evaluations records  * Permission to speak to school by phone  * Other |                |   |
| All records should be mailed to:<br>School Address  |                |   |
| Or emailed to: admissions@bethelchristianschool.org   |                |   |
| Thank you for your assistance.  |                |   |
| Caleb Sheets Founder & President caleb.sheets@bethelchristianschool.org   |                |   |